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I hereby revoke all previous powers of attorney 37 CFR 3.73(b).	given in the ap	plication identified in the a	attached statement under			
I hereby appoint:						
Practitioners associated with the Customer Number	г.	71867				
OR OR			_			
Practitioner(s) named below (if more than ten paten	t practitioners are to	be named, then a customer nu	mber must be used):			
Name	Registration Number	Name	Registration Number			
as attorney(s) or agent(s) to represent the undersigned be any and all patent applications assigned only to the undersattached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the applica-	ation identified in th	a attached statement under 37 C	CFR 3.73(b) to:			
The address associated with Customer Number:		71867				
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One Comcast Center, 1701 JFK Boulevard						
Philadelphia, PA 19103-2838						
A copy of this form, together with a statement ur	nder 37 CFR 3.73	(b) (Form PTO/SB/96 or ea	uivalent) is required to be			
filed in each application in which this form is use	ed. The stateme	nt under 37 CFR 3.73(b) ma	ay be completed by one of			
the practitioners appointed in this form if the app			behalf of the assignee,			

С P

> Α fi tł

> > SIGNATURE of Assignee of Record

		The marviadar whose signature and title is supplied below is authorized to act on oction of the assignee				
	Signature	gnature 59cm.		Date 7:09.01.76		
	Name	David L. Marcus	Telephone	215 286-5069	Т	
ı	Title	Senior Counsel				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and Into cuses on a mornal on a required by 2. Left-middly in some 2. It will information it is defined to detail of certail a client a client of the place which is due to the place of the place which is due to the place of the pl FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.